

Best Available Copy

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/314,247	05/18/99	606	3739	A-2-6

APPLICANT

PHILIP E. EGGERS, DUBLIN, OH; HIRA V. THAPLIYAL, LOS ALTOS, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED	THIS APPLN IS A DIV OF	09/177,861	10/23/93	PAT	6,066,134
	WHICH IS A DIV OF	08/795,686	02/05/97	PAT	5,871,469
	WHICH IS A DIV OF	08/561,958	11/22/95	PAT	5,697,882
	WHICH IS A CIP OF	08/485,219	06/07/95	PAT	5,697,281

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/07/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY OH	SHEETS DRAWINGS 18	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
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ADDRESS

SEE CUSTOMER NUMBER: 021394

TITLE

SYSTEM FOR TREATING ARTICULAR CARTILAGE DEFECTS

FILING FEE RECEIVED \$940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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